ADDENDUM 4

Medical Certification Form

_____
(DATE RECEIVED)

DOCTOR'S OFFICE _____ 1st Certification ___

OFFICE ADDRESS _____ Owner Notified ____

OFFICE PHONE _____

_____

Customer Name _____

Customer Address _____

Customer Acct# _____

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The medical condition of your patient must be of such a nature that it is deemed especially dangerous to his/her health if water service is terminated or not restored. As you understand it to be, your patient is a permanent resident at the address where service is being provided.

Our records indicate that_____, is a permanent resident at the above address. Due to the nature of my patient's illness, the discontinuance of water service, or failure to restore service, at the above address would be especially dangerous to his/her health or make the operation of necessary medical or life-supporting equipment impossible or impractical. Please honor this request through _____.
(30 Days or less)

_____ _____
(Physician's Signature) (Date)

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IMPORTANT NOTICE TO CUSTOMER

This medical certification shall allow a consumer thirty (30) days in which to pay or provide an acceptable payment of all past due bills. Certification requires a licensed physician or local board of health physician. The Water Office is required to verify this form through the physician's office.